PTO/SB/ 01 (6-95)
se through 06/30/96. OMB 0651-0032

POSSIS

Docket Number (Optional)

Patent and Trademark Comes, U.S. DEPARTMENT OF COMMERCE

DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

believe am the original, first and sole inventor (if orly one name is listed below) or an original, first and joint inventor (if plural manes are listed below) of the subject matter within is dalmed and for which a patient is sought on the invention entitled CROSSTLOW TRROMBECTOMY CATRETER AND SYSTEM , the specification of which is attached hereto unless the following box is checked: was field on	•	ness and duteliship are as stated being	-		
Maxs filed on	names are listed below) of th	e subject matter which is claimed and	for which a patent is so	ought on the Inventi	ion entitled
Maxs filed on	is attached hereto unless the	following box is checked:			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56. I hereby datim foreign priority benefits under Title 35, United Statos Code, § 110(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed. Number		-	lication Number or PC1	[International Appl	lication
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(Number) (Country) (Day/MontryYear Filed) Yes \ No \ (Number) (Country) (Day/MontryYear Filed) Yes \ No \ N		of the application on which priority is	claimed.		Priority Claimed
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(Rumber) (Country) (Day/Monit/Year Filed) Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(Niverbook)	(Country)	(Dav/Month/Year	Filed)	U Yes UNO
(Number) (County) (DayManthYear Filled) Thereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below the provisional application (s) listed below the provisional application (s) listed below and, insofation in the prior United States application in the manner of the prior United States application in the prior United States application in the manner of the prior united States application in the manner of the prior united States application in the prior United States application in the manner of the prior application and the national or PCT international filling date of this application. Application Number) (Filling Date) (Status patented, pending, abandoned of the prior application and the national or PCT international lifting date of this application. Application Number) (Filling Date) (Status patented, pending, abandoned of the prior application and the national or PCT international lifting date of this application and to transact all business in the Patent and Trademark Office connected therewith: Hugh D. Jaeger Reg. No. 27,270	(Number)	(Country)	\-		☐ Yes ☐ No
Application Number) [Application Number] [Application Number] [Application Number] [Application Number] [Application Number] [Application Number] [Application in the benefit under Title 35, United States Code, § 120 of any United States application in the manne growided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is impaterial to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filling of the prior application and the national or PCT international filling date of this application. [Application Number] [Application	(Number)	(Country)	(Day/Month/Year	Filed)	.
#Application Number)	I hereby claim the benefit und	er Title 35, United States Code, § 119	(e) of any United States	s provisional applic	ation(s) listed below.
#Application Number)	= <u> </u>				
## Provided by the lirist paragraph of Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manne efforcided by the lirist paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filling of the prior application and the national or PCT international liting date of this application. ### Application Number: ### ### Application Number: ### ### ### ### ### ### ### ### ### #	Application Number)	(Filing Da	3(0)		
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Thereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Prior United States application in the manner of the prior united States application in the manner of the prior application and the national or PCT international filing date of this application. Color of pederal Regulations, § 1.56 which became available between the filing of the prior application and the national or PCT international filing date of this application. Color of the prior application and the national or PCT international filing date of this application. Color of the prior application and the national or PCT international filing date of this application. Color of the prior application and the national or PCT international filing date of this application. Color of the prior application and the national or PCT international filing date of this application and the national or PCT international filing date of this application and to transact all business in the Post of the prior of th		· -	•		halou and tourful
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Thereby declare that all statements made herein of my own knowledge are true and that all statements made on information and like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application 2 for inventor's signature Full name of second joint inventor; and signature Minneapolis, MN 55408 Full name of second joint inventor; and signature Minneapolis, MN 55405 Post Office Address Minneapolis, MN 55405 Post Office Address Minneapolis, MN 55405 Clitzenship US (Status ·· patented, pending, abandoned (Status ··					
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Application Number) (Filling Date) (Status patented, pending, abandoned per pending abandoned per pending abandoned pending abandoned pending appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the patent and Trademark Office connected therewith: Hugh D. Jaeger, Reg. No. 27,270 Address all telephone calls to Hugh D. Jaeger at telephone number 612-475-1880 Hugh D. Jaeger at telephone number 612-475-2930 FAX Hugh D. Jaeger at telephone number 612-475-2930 FAX 1 hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements may jeopardize the validity of the application or any patent issued thereon. Full name of sole or fligt inventor (given name, family name) Michael J. Bonnette Inventor's signature Minneapolis, MN 55408 Full name of second joint inventor of any (given name, family name) John Edward Morris, Ph.D. Second Inventor's signature Minneapolis, MN 55405 Full name of second joint inventor of any (given name, family name) John Edward Morris, Ph.D. Date / 0 / 2 / 59 Citizenship US Post Office Address 44 Sheridan Avenue South Minneapolis, MN 55405 Citizenship US	of the prior application and the	e national or PCT international filing da	ate of this application.		_
Address all telephone calls to Hugh D. Jaeger Reg. No. 27,270 Address all telephone calls to Hugh D. Jaeger at telephone number 612-475-1880 Hogh D. Jaeger at telephone number 612-475-2930 FAX I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information an belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Full name of sole or fligt inventor (given name family name) Michael J. Bonnette Inventor's signature Minneapolis, MN 55408 Full name of second joint inventor of any (given name, tamily name) John Edward Morris, Ph.D. Second Inventor's signature Minneapolis, MN 55405 Full name of second joint inventor of any (given name, tamily name) John Edward Morris, Ph.D. Second Inventor's signature Minneapolis, MN 55405 Full name of second joint inventor of any (given name, tamily name) John Edward Morris, Ph.D. Second Inventor's signature Minneapolis, MN 55405 Full name of second joint inventor of any (given name, tamily name) John Edward Morris, Ph.D. Second Inventor's signature Minneapolis, MN 55405 Citizenship US Full name of second joint inventor of any (given name, tamily name) John Edward Morris, Ph.D. Date / 10/2/99 Citizenship US					
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## Hugh D. Jaeger, Reg. No. 27,270 ## Address all telephone calls to Address all correspondence to ## Hugh D. Jaeger ## at telephone number 612-475-1880 ## Hugh D. Jaeger ## at telephone number 612-475-1880 ## Hugh D. Jaeger ## at telephone number 612-475-2930 FAX ## Interest ## Hugh D. Jaeger ## at telephone number 612-475-2930 FAX ## Interest ## Intere		· -	·		
Hugh D. Jaeger, Reg. No. 27,270 Address all telephone calls to Address all correspondence to Address			ite this application and	to transact all busi	ness in the
Address all telephone calls to Address all correspondence to Address A	Palent and Trademark Office				
Address all correspondence to Hugh D. Jaeger 1000 Superior Blvd., Suite 302 Wayzata, MN 55391-1873 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information an belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and like so made are punishable by line or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Full name of sole or first inventor (given name family name) Michael J. Bonnette Inventor's signature Minneapolis, MN 55408 Full name of second joint inventor of any (given name, family name) Second Inventor's signature Minneapolis, MN 55405 Post Office Address 44 Sheridan Avenue South Minneapolis, MN 55405	ve y				
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Second Inventor's signature Residence Minneapolis, MN 55405 Post Office Address 44 Sheridan Avenue South Minneapolis, MN 55405			. John Edero	rd Morrie E	h.D.
Residence Minnéapolis, MN 55405 Clizenship US Post Office Address 44 Sheridan Avenue South Minneapolis, MN 55405	Full name of second joint inv	antor If any (given name, family name	7	1 - 1 -	11.11.
Post Office Address 44 Sheridan Avenue South Minneapolis, MN 55405		1			
Minneapolis, MN 55405	1.1		Cint ditamp		
X Additional inventors are being named on separately numbered sheets attached hereto.	(交)				







ADDITIONAL INVENTOR(S) **Attorney Docket: DECLARATION** Supplemental Sheet FOR PATENT APPLICATION **POSSIS** A petition has been filed for this "unsigned" inventor Name of Additional Joint Inventor, if any: Full name of additional inventor (given name, middle initial, family name): Inventor's Signature: Date: Steven E. Wiesel Montrose, MN 55363 Residence (city, state, country): Citizenship: Post Office Address (street, city, state, zip, country): 130 Center Avenue North Montrose, MN 55363 A petition has been filed for this "unsigned" inventor Name of Additional Joint Inventor, if any: Full name of additional inventor (given name, middle initial, family name): Inventor's Signature Date: John B. Bridgeman Minneapolis, MN 55409 Residence (city, state, country): Citizenship: 4922 Aldrich Avenue North Post Office Address (street, city, state, zip, country): Minneapolis, MN 55409 A petition has been filed for this "unsigned" inventor Name of Additional Joint Inventor, if any: Full name of additional inventor (given name, middle initial, family name): Inventor's Signature Date: Debra M. Kozak Forest Lake, MN 55025 Citizenship: Residence (city, state, country): 6377 184th Avenue North Post Office Address (street, city, state, zip, country): Forest Lake, MN 55025 A petition has been filed for this "unsigned" inventor Name of Additional Joint Inventor, if any: Inventor's Signature Date: Full name of additional inventor (given name, middle initial, family name): Rosemary C. Beaupre US Lino Lake, MN 55014 Citizenship: Residence (city, state, country): 7175 Grey Squirrel Road Post Office Address (street, city, state, zip, country): Lino Lakes, MN 55014 A petition has been filed for this "unsigned" inventor Name of Additional Joint Inventor, if any: Date: Inventor's Signature Full name of additional inventor (given name, middle initial, family name): Mark L. Mark L. Jenson Greenville, MN 55357 Citizenship: Residence (city, state, country): 4990 71st Lane North Post Office Address (street, city, state, zip, country): Greenville, MN 55357

Additional inventors are being named on separately numbered sheets attached hereto.







DECLARATION FOR PATENT APPLICATION

ADDITIONAL INVENTOR(S)

Attorney Docket:

Supplemental Sheet **POSSIS** A petition has been filed for this "unsigned" inventor Name of Additional Joint Inventor, if any: Full name of additional inventor (given name, middle initial, family name): Inventor's Signature: Date: Cindy M. Setum, Ph.D. Plymouth, MN 55447 Residence (city, state, country): Citizenship: 17410 29th Avenue North Post Office Address (street, city, state, zip, country): Plymouth, MN 55447 A petition has been filed for this "unsigned" inventor Name of Additional Joint Inventor, if any: Full name of additional inventor (given name, middle initial, family name): Inventor's Signature Date: Robert C. Dutcher Residence (city, state, country): Maple Grove, MN 55369 Citizenship: 14178 88th Place North Post Office Address (street, city, state, zip, country): Maple Grove, MN 55369 Name of Additional Joint Inventor, if any: A petition has been filed for this "unsigned" inventor Full name of additional inventor (given name, middle initial, family name): Date: Inventor's Signature Residence (city, state, country): Citizenship: Post Office Address (street, city, state, zip, country): A petition has been filed for this "unsigned" inventor Name of Additional Joint Inventor, if any: Full name of additional inventor (given name, middle initial, family name): Date: Inventor's Signature Citizenship: Residence (city, state, country): Post Office Address (street, city, state, zip, country): A petition has been filed for this "unsigned" inventor Name of Additional Joint Inventor, if any: Date: Full name of additional inventor (given name, middle initial, family name): Inventor's Signature Residence (city, state, country): Citizenship: Post Office Address (street, city, state, zip, country):

Additional inventors are being named on separately numbered sheets attached hereto.





ASSIGNMENT OF INVENTION (MULTIPLE INVENTORS)

For U.S. and/or Foreign Rights For U.S. Application

Attorney Docket:

POSSIS

In consideration of the payment by ASSIGNEE(s) to ASSIGNOR(s) of the sum of One Dollar (\$1.00), the receipt of which is hereby acknowledged, and for other good and valuable consideration, the undersigned ASSIGNORS (inventors) hereby sell, assign and transfer to ASSIGNEE:

US	Assignee:	Possis Medical, Inc.	Address:	9055 Evergreen Blvd., N.W. Minneapolis, MN 55433	Nationality ⁻
					US

and the successors, assigns and legal representatives of the ASSIGNEE the entire right, title and interest for the United States and its territorial possessions, and in all foreign countries, including all rights to claim priority in and to any and all improvements which are disclosed in the invention entitled:

CROSSFLOW	U.S. patent application executed on even date herewith; U.S. patent application executed on; U.S. application Serial No; U.S. Patent No; and any legal equivalent thereof in a foreign country, including the right to claim priority; , all Letters Patent to be obtained for said invention by the above application or any continuation, division,		
and which is found in			
(a) (b) (c) (d)	U.S. patent application execute U.S. application Serial No U.S. Patent No	ed on	; ;
•		invention by the above ap	oplication or any continuation, division,

ASSIGNOR hereby covenants that no assignment, sale, agreement or encumbrance has been or will be made or entered into which would conflict with this Assignment;

ASSIGNOR further covenants that ASSIGNEE will, upon its request, be provided promptly with all pertinent facts and documents relating to said invention and said Letters Patent and legal equivalents as may be known and accessible to ASSIGNOR and will testify as to the same in any interference, litigation or proceeding related thereto and will promptly execute and deliver to ASSIGNEE or its legal representatives any and all papers, instruments or affidavits required to apply for, obtain, maintain, issue and enforce said application, said invention and said Letters Patent and said equivalents thereof which may be necessary or desirable to carry out the purposes thereof.

	ASŠIGNORS (inventors)	SIGNATURE	ADDRESS	NATIONALITY	DATE	
1	Michael J. Bonnette	x Mutail Bowette	2733 2nd Avenue South Miinneapolis, MN 55408	US	x 10-11-99	
2	John Edward Morris, Ph.D.	John 5 men	44 Sheridan Avenue South Minneapolis, MN 55405	us	10/12)qu	
3	Steven E. Wiesel	Stepte Elleif	130 Center Avenue North Montrose, MN 55363	us	X10-11-1999	
4	John B. Bridgeman	2 Polyman	4922 Aldrich Avenue South Minneapolis, MN 55409	US	£ 10-11-99	
5	Debra M. Kozak	Debus M. Korak	6377 184th Avenue North Forest Lake, MN 55025	US	X10-11-99	
6	Rosemary C. Beaupre	1 Demary C Boar	7175 Grey Squirrel Road Lino Lakes, MN 55014	us	(10-11-99	
7	Mark L. Jenson	Marky Jenson	4990 71st Lane North Greenville, MN 55357	us	X11 Ret 14	
8	Cindy M. Setum, Ph.D.	(Chan ok	17410 29th Avenue North Plymouth, MN 55447	us	Mostag	
9	Robert C. Dutcher	+ Lobert D. Dutcher	14178 98th Place North Maple Grove, MN 55369	US	x 11 Oct 99	

PTO/SB/ 10 (10-94)
use through 07/31/96, OMB 0651-0031
J.S. DEPARTMENT OF COMMERCE

POSSIS

Approx Patent and Trademark 0

VERIFIED STATEMEN & CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) & 1.27(c))--SMALL BUSINESS CONCERN

Docket Number (Optional)

Applicant or Patentee: Bonnette, et al.						
Scrial or Patent No.:						
Filed or Issued:						
Title: CROSSFLOW THROMBECTOMY CATHETER AND SYSTEM						
I hereby declare that I am the owner of the small business concern identified below: an official of the small business concern empowered to act on behalf of the concern identified below:						
NAME OF SMALL BUSINESS CONCERN Possis Medical, Inc.						
ADDRESS OF SMALL BUSINESS CONCERN 9055 Evergreen Blvd., N.W.						
Minneapolis, MN 55433 .						
I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.12, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or panies controls or has the power to control both. I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above						
with regard to the invention described in:						
in the specification filed herewith with title as listed above.						
the application identified above.						
the patent identified above.						
If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights in the invention must file separate verified statements averring to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).						
Each person, concern or organization having any rights in the invention is listed below: no such person, concern, or organization exists. each such person, concern or organization is listed below.						
Separate verified statements are required from each named person, concem or organization having rights to the invention averting						
to their status as small entities. (37 CFR 1.27)						
I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))						
Thereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.						
NAME OF PERSON SIGNING Robert G. Dutcher						
TITLE OF PERSON IF OTHER THAN OWNER President & CEO						
ADDRESS OF PERSON IF OTHER THAN OWNER President & CEO ADDRESS OF PERSON SIGNING 14178 88th Place N. Hinnea polis, MN 55369 SIGNATURE Robert Date 1 Oct 99						
SIGNATURE X Fabert D. Dutcher DATE X 11 Oct 99						



UNITED STATES DEPARTMENT OF COMMERCE Patent and Trademark Office

ASSISTANT SECRETARY AND COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231

JANUARY 27, 2000.

HUGH D. JAEGER 1000 SUPERIOR BLVD. SUITE 302 WAYZATA, MN 55391 **PTAS**



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RECORDATION DATE: 10/13/1999

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NUMBER OF PAGES: 2

BRIEF: ASSIGNMENT OF ASSIGNOR'S INTEREST (SEE DOCUMENT FOR DETAILS).

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LAW OFFICE OF HUGH D. JAEGER, P.O. 010337/0429 PAGE 2

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ASSIGNOR:

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ASSIGNEE:

POSSIS MEDICAL, INC. 9055 EVERGREEN BLVD., N.W. MINNEAPOLIS, MINNESOTA 55433

SERIAL NUMBER: 09417395 FILING DATE: 10/13/1999

PATENT NUMBER: ISSUE DATE:

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TOTAL	38786 <u>* * * * * * * * * * * * * * * * * * *</u>
To the Honorable Commissioner of Patents and Trademarks: P	lease record the attached original documents or copy thereof.
1. Name of conveying party(les): Michael J. Bonnette Rosemary C. Beaupre John Edward Morris, Ph.D. Mark L. Jenson Steven E. Wiesel Cindy M. Setum, Ph.D. John B. Bridgeman Robert C. Dutcher	2. Name and address of receiving party(les) Name: Possis Medical, Inc. 9055 Evergreen Blvd., N.W.
Debra M. Kozak Additional name(s) of conveying party(les) attached? Yes No	
	Minneapolis, MN 55433
3. Nature of conveyance:	
: 🛱 Assignment 🔘 Merger	
☐ Security Agreement ☐ Change of Name	
□ Olher	
Execution Date: 10-12-99	Additional name(s) & address(es) attached? Yes No
A. Patent Application No.(s)	B. Patent No.(s)
	action of the transfer of the
Name and address of party to whom correspondence concerning document should be malled:	6. Total number of applications and patents involved:
Name: Hugh D. Jaeger	7. Total fee (37 CFR 3.41)\$ 40.00
Internal Address:	🛱 Enclosed
	additional Authorized to be charged to deposit account 10-0230
0/22/1 530668TANDSCe8660 00078 09417395 5 FC:5811000 Superior PANOT OP Suite 302	8. Deposit account number:
City: Wayzata State: MN ZIP: 55391	(Attach duplicate copy of this page it paying by deposit account)
Tab settings D D V 101 To the Honorable Commissioner of Patents and Trademarks I. Name of conveying party(les): Michael J. Bonnette John Edward Morris, Ph.D. Sleven E. Wissel John B. Bridgeman Poebra M. Kozak Additional name(s) of conveying party(les) attached? □ Yes No Nature of conveyance: A Assignment □ Merger □ Security Agreement □ Change of Name □ Other Execution Date: □ 10-12-99 4. Application number(s) or patent number(s): 09 UTA If this document is being filed together with a new application. A. Patent Application No.(s) Additional number S. Name and address of party to whom correspondence concerning document should be mailed: Name: Hugh D. Jaeger Internal Address: □ City: Wayzata State: MN ZIP: 5539: Do No 9. Statement and signature. To the best of my knowledge and bellet, the foregoing in the original document. Hugh D. Jaeger Name of Person Signing	E THIS SPACE
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9. Statement and signature. To the best of my knowledge and bellef, the foregoing inform the original document. A. A	nation is true and correct and any attached copy is a true copy of
	10.13.99
u	Signature Date pover sheet, attachments, and document:
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*I*____

FILING RECEIPT



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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND C
09/417,395			\$981.00			55	· 7

021270 HUGH D JAEGER 1000 SUPERIOR BLVD SUITE 302 WAYZATA MN 55391-1873



Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when Inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to file Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

MICHAEL J. BONNETTE, MINNEAPOLIS, MN; JOHN EDWARD MORRIS, MINNEAPOLIS, MN; STEVEN E. WIESEL, MONTROSE, MN; JOHN B. BRIDGEMAN, MINNEAPOLIS, MN; DEBRA M. KOZAK, FOREST LAKE, MN; ROSEMARY C. BEAUPRE, LINO LAKE, MN; MARK L. JENSON, GREENVILLE, MN; CINDY M. SETUM, PLYMOUTH, MN; ROBERT C. DUTCHER, MAPLE GROVE, MN.

CONTINUING DATA AS CLAIMED BY APPLICANT-

THIS APPLN IS A CIP OF 08/349,665 12/05/94
WHICH IS A DIV OF 08/006,076 01/15/93 PAT 5,370,609
WHICH IS A CON OF 07/563,313 08/06/90 ABN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/04/99 ** SMALL ENTITY ** TITLE
CROSSFLOW THROMBECTOMY CATHETER AND SYSTEM

PRELIMINARY CLASS: 604

RECTIVEDNOV 1 5 1999

LAN / OPFIOE OF LAUGH D. DATOER, FLA

DATA ENTRY BY: BLACK, NICOLE

TEAM: 03 DATE: 11/04/99

(See reverse for new important information)